

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

OTC 8/21/11

PRINTED: 07/08/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445294	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/07/2011
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF COLLEGEDALE			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 658, 9210 APISON PIKE COLLEGEDALE, TN 37315		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS C/O #25041, #25060, #25080, #25195, #25377, #25417, #27224, #27361 and #28250 were investigated June 27-29, 2011, at Life Care Center Collegedale. No deficiencies were cited under C/O #25041, #25060, #25377, #25417, #27224, #27361 and #28250.	F 000			
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update	F 157	1) Family was notified regarding change in condition of resident #3 on 2/08/10. 2) Residents with change of condition have potential to be affected. 3) Nurses will audit residents that have change in condition to insure that family have been notified weekly X 4 weeks and then monthly X 2. Nurses will receive in-service on 7/21/11 regarding family notification of any changes in resident's condition. 4) DON and/or designee will report findings to the PI Committee (Medical Director, DON, ADON, Pharmacist, HR Director, FSS, ES Director, ACT Director, Administrator, Marketing Director, SSD), monthly to review and analyze and make recommendations as needed for three (3) consecutive months and/or until compliance is achieved.	7-21-11 7-21-11 7-21-11 7-21-11	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Carol Younger

Administrator

7/18/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 157	<p>Continued From page 1</p> <p>the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to notify the family of a change in condition for one (#3) of fourteen residents reviewed.</p> <p>The findings included:</p> <p>Resident #3 was admitted to the facility on March 5, 2009, with diagnoses including Barrett's Esophagus, Osteoporosis, Hypertension, Fractured Hip, Pneumonia, Atrial Fibrillation, and Alzheimer's Disease.</p> <p>Medical record review of a laboratory report dated October 21, 2009, revealed "...BUN (Basic Urea Nitrogen) 36 (normal limits 8 - 24)...Creatinine 60 (normal limits 6.0 -25.0)..."</p> <p>Medical record review of a laboratory report dated February 3, 2010, revealed "...BUN 39...Creatinine 43.1..."</p> <p>Medical record review of a nursing note dated February 4, 2010, at 8:00 a.m., revealed "3rd (third shift) nurse reported resident had many episodes of diarrhea. Given Imodium (medication for diarrhea) on that shift. Resident still having diarrhea. Also weak and lethargic. Stool has foul smell with some mucus present..."</p> <p>Medical record review of a nursing note dated February 4, 2010, at 6:00 p.m., revealed "MD</p>	F 157			

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F 157	<p>Continued From page 2</p> <p>(Medical Doctor) N/O (new order) stat stool sample for C-Diff (Clostridium Difficile)...obtained and sent to lab (laboratory)..."</p> <p>Medical record review of a nursing note dated February 4, 2010, at 8:00 p.m., revealed "Culture for C-Diff was negative. Results called to NP (Nurse Practitioner)..."</p> <p>Medical record review of a Physician's Order dated February 4, 2010, revealed "Vancocin (antibiotic) 250 mg (milligram) PO (by mouth) Q (every) 8 (hours) X (times) 2 weeks...In 7 days start Acidophilus (medication to put bacteria back into the bowel), 111 (three) tab (tablets) PO Tid (three times a day)..."</p> <p>Medical record review of a Physician's Order dated February 4, 2010, revealed "DC (Discontinue) Vancocin...Start Acidophilus...with meals."</p> <p>Medical record review of a Physician's Order dated February 8, 2010, revealed "D5 NS (Normal saline) at 50 cc/hr (hour) times 2000 cc...Labs tomorrow: CBC, BMP...Questran (medication for diarrhea) 4 gms (grams) Po Bid (twice a day)."</p> <p>Medical record review of a laboratory report dated February 9, 2010, revealed "...BUN 44...Creatinine 55.4..."</p> <p>Medical record review of the facility's documentation revealed the resident had fifteen bowel movements on February 4, 2010, eighteen on February 5, 2010, eight on February 6, 2010,, seven on February 7, 2010, one on February 8.</p>	F 157			

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F 157	<p>Continued From page 3</p> <p>2010, and none on February 9, 2010. Medical record review revealed the resident did not have any diarrhea after February 9, 2010.</p> <p>Medical record review revealed no documentation that the family had been notified of the change in the resident's condition.</p> <p>Observation on June 27, 2011, at 9:40 a.m., revealed the resident sitting in a wheelchair, neatly dressed, and very confused.</p> <p>Interview with the Unit Manager on the North Wing on June 27, 2011, at 1:00 p.m., at the nursing station, confirmed the Unit Manager could not recall informing the family of the number of bowel movements the resident had from February 4th through February 6th, 2010.</p> <p>Interview with the Director of Nursing on June 27, 2011, at 2:45 p.m., in the conference room, confirmed the facility failed to notify the family of the resident's change in condition on February 4, 5, 6, and 7, 2010, until June 8, 2010 (four days later).</p> <p>C/O # 25195, # 25080</p>	F 157			

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